U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number **U** - 24436

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	, .				1 / 1 / 2004	Through:	12 / 31	2004
3. Name and address of person filing.			4. Name, file number, and address of labor organization.					
Name Ronald R Dicus		Name	Carpenters Dist.	Council	of Greate	r St. Louis		
				Labor	Organization File Number	0020	37	
P.O. Box, Bldg., Room No., if any			P.O. E	P.O. Box, Building and Room Number, if any				
Street 2290 S. Illinois St.		Street	1401 Hampton Ave					
City	Belleville			City	St. Louis			
State	Illinois	ZIP Code + 4	62220-2104	State	Missouri		ZIP Code + 4	63139-3199
5. Positi	on in labor organization.	ILLinois Coordina	tor				t ann an de de state en anger y seggen una segen de segen de segen de segen en efective de de de de de de de La segen en la segen en la segen de segen de segen en segen de segen en de	
A Held	Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.							
	e and address of Employer (ure of Interest, Transaction			
Name								
Trade	Name, if any:							
P.O. B	ox, Bldg., Room No., if any			7.b. Am	n in			
Street		and the state of t						
City								
State		ZIP Code + 4			Georgeon (Schoolse) (Figure Schoolse)			
			Sig	nature				
15. Signature and verification. The undersigned declares, under penalty of Posubmitted in this report (including the information contained in any accompanyin undersigned's knowledge and belief, true, correct, and complete. (See the section			ying docur	nents), has been examined	by the signa	that all of the in tory and is, to th	formation e best of the	
Sign	ed <u>Porall</u>	P. Duri	J	On	7-6-05 Date	418	-277- Felephone Numb	

Name of Person Filing Ronald Dicus		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	s
8. Name and address of Business (including trade name, if any). Name Carpenters Pension Fund of Illinois Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O Box 470 Street 28 North First St. City Geneva State Illinois ZIP Code + 4 60134-0470	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such deali Taft-Hartley pensi 11.b. Approximate dollar valu	on fund
City State ZIP Code + 4	12.a. Nature of interest held reimbursement for	produces and a second production of the second
	12.b. Amount.	\$154
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

	File Number II	
Name of Person Filing Ronald Dicus	File Number U	•
Manie of Cloud and Konara Breas		

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Carpenters Pension Fund of Ill.	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any P.O.Box 470 Street 28N. First St.	c. Employer	
City Geneva		
State Illinois ZIP Code + 4 60134-0470		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Taft-Hartley pension fund	- ALAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
I Value		The state of the s
Trade Name, if any:		(C) C) C
P.O. Box, Bldg., Room No., if any		
Street		Variation (*) - (*
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	NNKNOWN
	12.a. Nature of interest held or income received.	
	-cost of lunch provided during atterpension trustee meeting 7/21/2004	endance at
	-	experiment in the second of th
		operations and the second seco
		amman=14-000000
), O O O O O O O O O O O O O O O O O O O
	12 h. Amount.	\$40

Name of Person Filing Ronald Dicus	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Carpenters Pension Fund of Ill.	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any P.O. Box 470			
Street 28 N. First St.	c. Employer		
City Geneva			
State Illinois ZIP Code + 4 60134-0470			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Taft-Hartley pension fund		
	Andrews	ere en	
Trade Name, if any:		on one of the state of the stat	
P.O. Box, Bldg., Room No., if any			
Street		Very Very Very Very Very Very Very Very	
City			
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	UNKNOWN	
	12.a. Nature of interest held or income received.		
	-reimbursement for expenses accrued trustee meeting 7/22/2004 check #:	d for pension 14881	
		- Comment - Control of	
		Panton was provided and a second a second and a second and a second and a second and a second an	
		000000000000000000000000000000000000000	
		эсстанич	
	12 h Amount	\$106	

Name of Person Filing Ronald Dicus	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Carpenters Pension Fund of Ill. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 28N. First St. City Geneva	a. Labor Organization b. Trust c. Employer
State Illinois ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Taft-Hartley pension fund
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	-Cost of lunch provided during attendance at pension fund trustee meeting 10/20/2004
	12 h Amount \$40

Name of Person Filing Ronald Dicus	File Number U-
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8. Name and address of Business (including trade name, if any).		9. Business deals with:		
Name Carpenters Pension Fund of Ill.		a. Labor Organization		
P.O. I	Box, Bldg., Room No., if any P.O. 1 28 N. First St. Geneva	Box 470	b. Trust c. Employer	
State	Illinois	ZIP Code + 4 60134-0470		
	b. or 9.c. is checked give trust or em	plover's name.	11.a. Nature of such dealing.	
Name	\$100 mm and \$100 m	projot o transo.	Taft-Hartley pension fund	
Trade	e Name, if any:			
P.O.	Box, Bldg., Room No., if any			- I-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-
Stree				**************************************
City				
State		ZIP Code + 4	11.b. Approximate dollar value of such dealing.	UNKNOWN
			12.a. Nature of interest held or income received.	
			-reimbursement for expenses accrued at pension trustee meeting 11/04/0	1 for attendance
			12.b. Amount.	\$162

	File Number U-
Name of Person Filing Ronald Dicus	File Number 6-
	

		1
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Appleton, Kretmar, Beatty & Stolze	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any Suite 900	c. Employer	
Street 6000 Maryland Ave.		
City St. Louis		
State Missouri ZIP Code + 4 63105	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name.	The state of the s	District
Name	-Attorney represents the Carpenters Council of Greater St. Louis & Vici	nity.
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		AA MAA HARAN AA HARAN
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	UNKNOWN
	12.a. Nature of interest held or income received.	
	-Received two (2) sets of four (4) St. Louis Cardinals baseball game, April,2004 and one set in August 20	one set in
	12 h Amount	\$296
	12.b. Amount.	7

Name of Person	Filing	Ronald	Dicus

File Number U-

Part B Continuation Page

	e and address of Business (includ	00000000000000000000000000000000000000	e, if any).	9. Business deals with: a. Labor Organization	
P.O. I Street City	Name, if any: Box, Bldg., Room No., if any Suite 200 East Randolph Drive Chicago Illinois		60601	b. Trust c. Employer	
	o. or 9.c. is checked give trust or em	<u>i</u>	1	11.a. Nature of such dealing.	
Name Trade	Carpenters Pension Fundame, if any: Box, Bldg., Room No., if any P.O. Carpenters Pension Fundame P.O. Geneva	d of Ill.		-Money managers for pension fund	
State	Illinois	ZIP Code + 4	60134-0791	11.b. Approximate dollar value of such dealing.	UNKNOWN
				12.a. Nature of interest held or income received.	
				-Cost of buffet dinner and shirt p	resented on
				12.b. Amount.	\$73

All CD or Ellins	File Number U-
Name of Person Filing Ronald Dicus	

		The second secon	
8. Name and address of Business (including trade name, if any).		9. Business deals with:	
Name Baum Sigman Auerbach & Neuman, Ltd.		a. Labor Organization	
Trade Name, if any:		b. Trust	
P.O. Box, Bldg., Room No., if any Su		c. Employer	
Street 200 West Adams Stree			
City Chicago			
State Illinois	ZIP Code + 4 60606-523	1	
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature of such dealing.	
Name Carpenters Pension Fund of Illinois		-attorney represents pension fund	
Trade Name, if any:			And the second s
P.O. Box, Bldg., Room No., if any	O. Box 791	and the second s	***************************************
Street 28N. First St.			
City Geneva			
State Illinois	ZIP Code + 4 60134-079	1 11.b. Approximate dollar value of such dealing.	UNKNOWN
		12.a. Nature of interest held or income received.	
		-Cost of provided meal while in at trustee meeting for the pension fu	tendance at a nd
		*	
		12.b. Amount.	\$25

Name of Person Filing Ronald Dicus	File Number U-

8. Name and address of Business (including trade name, if any).		9. Business deals with:			
Name Becker & Galanti, P.C.		a. Labor Organization			
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any P.O.	Box 488	b. Trust			
Street 3673 Highway 111		c. Employer			
City Granite City					
State Illinois	ZIP Code + 4 62040				
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature of such dealing.	11.a. Nature of such dealing.		
Name		-Work comp. attorneys and friends	of Labor		
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	UNKNOWN		
		12.a. Nature of interest held or income received.			
		-Christmas gift 2004	Y-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F		
			a service de la constante de l		
		12 h Amount	\$48		